

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Re: the Application of: **Shellenberger**

Application No.: **10/663,187**

Group Art Unit: **1617**

Filed: **September 15, 2003**

Examiner: **S. Hui**

For: **Method of Treating Tremors**

Docket: 61368-222546

Commissioner of Patents
PO Box 1450
Alexandria, VA 22313-1450

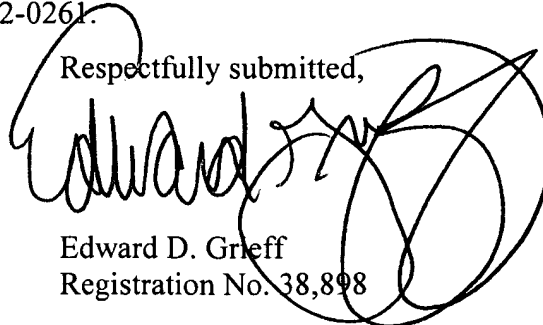
Transmittal Letter

Submitted herewith for appropriate consideration by the US Patent and Trademark Office are the following:

1. Response under 37 CFR § 1.111.
2. Information Disclosure Statement, PTO-1449 Form, one copy of each of the cited references.

The Commissioner is authorized to charge the fee of \$1200 (including \$1020 for a three month extension of time and \$180 for an Information Disclosure Statement) to Deposit Account No. 22-0261. The Commissioner is authorized to charge any other necessary fees or credit any overpayments to Deposit Account No. 22-0261.

Respectfully submitted,



Edward D. Grieff
Registration No. 38,898

Date: February 12, 2007

Venable LLP
575 7th Street, NW
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PTO/SB/17 (07-06)
Approved for use through 01/31/2007. OMB 0651-0032
U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE
Under the Paperwork Reduction Act of 1995, no person are required to respond to a collection of information unless it displays a valid OMB control number.

Effective on 12/08/2004. Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).		Complete if Known	
FEE TRANSMITTAL For FY 2006		Application Number	10/663,187-Conf. #1417
		Filing Date	September 15, 2003
		First Named Inventor	M. K. Shellenberger
		Examiner Name	S. M. R. Hui
		Art Unit	1617
<input type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27		Attorney Docket No.	61368-222546
TOTAL AMOUNT OF PAYMENT		(\$)	1,200.00

METHOD OF PAYMENT (check all that apply)	
<input type="checkbox"/> Check	<input type="checkbox"/> Credit Card
<input type="checkbox"/> Money Order	<input type="checkbox"/> None
<input type="checkbox"/> Other (please identify): _____	
<input checked="" type="checkbox"/> Deposit Account	Deposit Account Number: 22-0261 Deposit Account Name: Venable LLP
For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)	
<input checked="" type="checkbox"/> Charge fee(s) indicated below	<input type="checkbox"/> Charge fee(s) indicated below, except for the filing fee
<input checked="" type="checkbox"/> Charge any additional fee(s) or underpayments of fee(s) under 37 CFR 1.16 and 1.17	<input checked="" type="checkbox"/> Credit any overpayments

FEE CALCULATION

1. BASIC FILING, SEARCH, AND EXAMINATION FEES

Application Type	FILING FEES		SEARCH FEES		EXAMINATION FEES		Fees Paid (\$)
	Fee (\$)	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	
Utility	300	150	500	250	200	100	
Design	200	100	100	50	130	65	
Plant	200	100	300	150	160	80	
Reissue	300	150	500	250	600	300	
Provisional	200	100	0	0	0	0	

2. EXCESS CLAIM FEES

Fee Description	Fee (\$)	Small Entity Fee (\$)
Each claim over 20 (including Reissues)	50	25
Each independent claim over 3 (including Reissues)	200	100
Multiple dependent claims	360	180

<u>Total Claims</u>	<u>Extra Claims</u>	<u>Fee (\$)</u>	<u>Fee Paid (\$)</u>	<u>Multiple Dependent Claims</u>
_____ - 20 = _____	x _____	= _____		<u>Fee (\$)</u> <u>Fee Paid (\$)</u>
HP = highest number of total claims paid for, if greater than 20.				
<u>Indep. Claims</u>	<u>Extra Claims</u>	<u>Fee (\$)</u>	<u>Fee Paid (\$)</u>	
_____ - 3 = _____	x _____	= _____		
HP = highest number of independent claims paid for, if greater than 3.				

3. APPLICATION SIZE FEE

If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listings under 37 CFR 1.52(e)), the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).

Total Sheets	Extra Sheets	Number of each additional 50 or fraction thereof	Fee (\$)	Fee Paid (\$)
_____ - 100 = _____	/50	_____ (round up to a whole number) x _____	= _____	

4. OTHER FEE(S)

	Fees Paid (\$)
Non-English Specification, \$130 fee (no small entity discount)	
Other (e.g., late filing surcharge): 1253 Extension for response within third month	1,020.00
1806 Submission of an Information Disclosure Statement	180.00

SUBMITTED BY	
Signature	Registration No. (Attorney/Agent) 38,898 Telephone (202) 344-4382
Name (Print/Type) Edward D. Grieff	Date February 12, 2007

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